

County: Harrison  
 Permit #: \_\_\_\_\_  
 Driller: Synar Well  
 Date drilling completed: 12/28/06

# State Well Report

## Part 1

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: A-78  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>James Alexander</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>21360 Riceville Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Garner MS 39574</u> City State Zip Code	1/4 Sec <u>22</u> Twn <u>55</u> Rng <u>13W</u>
Telephone No. <u>(228) 832-3852</u>	Distance _____ Miles Direction _____ of Nearest Town _____

**Well Data**

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 12/23/06 Date well drilling completed: 12/28/06

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 130 feet above or below (circle one) land surface Date measured: 12/28/06

Method of Measurement (circle one): steel tape electric tape air line other: NA

Hole depth: 992 Well depth: 990 Well grouted to a depth of 50 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 960 feet Casing diameter: 4" inches Type of casing: Steel

Screen length: 30 feet Screen diameter: 4 1/2" inches Type of screen: ROP

Screen slot size: .008 inches Setting depth: From 960 feet to 990 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
 Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: NA feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Josh Ledner 0-640  
 Print Name of Water Well Contractor and License No.

Josh Ledner  
 Signature of Water Well Contractor

**RECEIVED**

JAN 10 2007  
 BY: OLWR



# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

### For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: A-78

Elevation: \_\_\_\_\_

County: Harrison  
Permit #: \_\_\_\_\_  
Driller: Syman Well  
Date completed: \_\_\_\_\_

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Jones Alexander</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>21366 Riceville Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Saucier</u> <u>MS</u> <u>39574</u>	_____ 1/4 _____ 1/4 Sec <u>22</u> Twn <u>55</u> Rng <u>13W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(228) 832-3852</u>	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine <u>Electric Motor</u>	Hand Tractor PTO
Centrifugal Rotary <u>NA</u> Flowing Well	Windmill Other (specify): <u>NA</u>
Other (specify): _____	Horse Power Rating of Motor: <u>5HP</u>
Date Pump Installed: <u>1/4/07</u>	Setting Depth: <u>220</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1/4/07</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>130</u> Feet Below Land Surface	Other (specify): <u>NA</u>
Pumping Water Level (B): <u>190</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>NA</u> feet
Drawdown [(B) - (A)]: <u>60</u> Feet Below Land Surface	Well yielded <u>70</u> GPM with a drawdown of
Test Pumping Rate: <u>70</u> Gallons Per Minute	<u>60</u> feet after <u>24</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Josh Ladner 0-640 \_\_\_\_\_  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED  
JAN 10 2007  
BY: OLWR